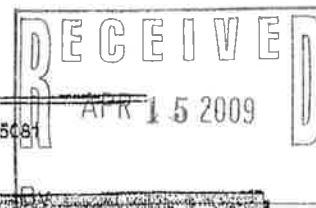


**CARDINAL LABORATORIES, INC.**

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e-mail: info@CardinalLabs.com • web: www.CardinalLabs.com

**Analytical Report**

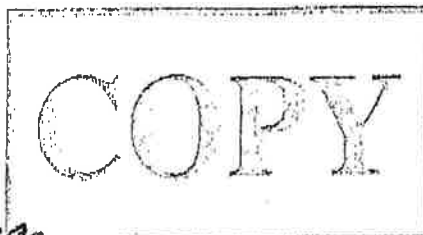
CHUCK TEMPFER
ROUGH RIVER DAM STATE PARK
450 LODGE RD
FALLS OF ROUGH. KY 40119-9701

Cardinal Project ID 09030289
Report Date: 4/8/2009

Customer Code:**ROUGH Riv**

Cardinal ID	CM13220	Program/Project:	KPDES	Sample Date	4/1/2009
Submit Date	4/1/2009	Sample ID/Outfall:	001	Collection Time	5:10:00 AM
Project #/Permit #:	KY0024431 (10/31/08)	Description:	EFFLUENT	Cooler Temp C	2.8

Analyte Name	Analysis Method Reference	Result	MDL	Units	Analyst	Analyzed Date	Time Started
Oil & Grease, Total	EPA 1664A	<5.0	1.20	mg/L	EAS	4/7/2009	2:31:00 PM



Results reported on wet weight basis
MDL = Method Detection Limit
End of Report

Antoinette C. Ruschman, President
Technical Director

ROUGH RIVER DAM STATE PARK
Cardinal Sample ID CM13220

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ANALYTICAL AND ENVIRONMENTAL SERVICES

Results are certified to meet NELAP standards





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Analytical Report

CHUCK TEMPFER
ROUGH RIVER DAM STATE PARK
450 LODGE RD
FALLS OF ROUGH, KY 40119-9701

Cardinal Project ID 09030290
Report Date: 4/8/2009

Customer Code: ROUGHRIV

Cardinal ID	CM13221	Program/Project:	KPDES	Sample Date	4/1/2009
Submit Date	4/1/2009	Sample ID/Outfall:	003	Collection Time	5:30:00 AM
Project #/Permit #	KY0024431 (10/31/09)	Description:	RESIDENCES	Cooler Temp C	2.3

Analyte Name	Analysis Method Reference	Result	MDL	Units	Analyst	Analyzed Date	Time Started
Oil & Grease, Total	EPA 1664A	<5.0	1.20	mg/L	EAS	4/7/2009	2:31:00 PM

COPY

Antoinette C. Ruschman

Antoinette C. Ruschman, President
Technical Director

Results reported on wet weight basis
MDL = Method Detection Limit
End of Report

ROUGH RIVER DAM STATE PARK

Cardinal Sample ID CM13221

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ANALYTICAL AND ENVIRONMENTAL SERVICES

Results are certified to meet NELAP standards



AI 1576

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year

Give the average volume per discharge occurrence (1,000 gallons)

Give the average duration of each discharge (days)

List month(s) when the discharge occurs

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
outfall 003	6
TOTAL POPULATION SERVED	6



XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

003 Outfall

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	26	26	1
TOTAL SUSPENDED SOLIDS	16.7	16.7	1
FECAL COLIFORM	210	210	1
TOTAL RESIDUAL CHLORINE	1.2 ppm	1.2 ppm	1
✓ OIL AND GREASE	25-0	25-0	Request Waiver
CHEMICAL OXYGEN DEMAND			Request Waiver
TOTAL ORGANIC CARBON			Request Waiver
AMMONIA	0.09	0.09	1
DISCHARGE FLOW	.0003	.0003	1
PH	7.2	7.2	1
TEMPERATURE (WINTER)	8°	8°	1
TEMPERATURE (SUMMER)	23°C	23°C	1

B. Frequency and duration of flow:

Daily

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Chuck Tempfer / Park Manager

TELEPHONE NUMBER (area code and number):

270 257 2311

SIGNATURE

DATE

3/3/09

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
001 Lodge.	Transient Population (estimate)
TOTAL POPULATION SERVED	0-200

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

OutF 001

A. Indicate results of analysis for pollutants listed below.


POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	26	26	1
TOTAL SUSPENDED SOLIDS	12.0	12.0	1
FECAL COLIFORM	210	210	1
TOTAL RESIDUAL CHLORINE	1.6 ppm	1.6 ppm	1
✓ OIL AND GREASE	45.0	45.0	Request Waiver
CHEMICAL OXYGEN DEMAND			Request Waiver
TOTAL ORGANIC CARBON			Request Waiver
AMMONIA	0.16	0.16	1
DISCHARGE FLOW	.0075	.0075	1
pH	7.1	7.1	1
TEMPERATURE (WINTER)	23°C	23°C	1
TEMPERATURE (SUMMER)	8°C	8°C	1

B. Frequency and duration of flow:

Daily

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Chuck Tempfer - Park Manager	(270) 257-2311
SIGNATURE	DATE
	3/3/09